



Edwin F. Singer, L.E.H.S.
Director

BAKED GOODS ONLY – SPECIAL FOOD SERVICE FACILITY – TEMPORARY LICENSE

I hereby make application for a license to operate a Special Food Service Facility, and agree to comply with all Bake Sale Guidelines during the duration of the event.

Name of Proposed Event: _____

Baked Goods to be Served: _____

Exact Location of Event: _____

Public Water on Site: Yes _____ No _____ (If no, the license holder is responsible for providing potable water)

Property Owner: _____
Address: _____ Phone: _____

Date(s) of Operation: _____ Hours: _____

Sponsoring Organization: _____
Address: _____ Phone: _____

Applicant: _____
Address: _____ Phone: _____

Applicant's Signature: _____ Date: _____

For Health Department Use Only

License Number _____	Date Approved _____
Reviewed by _____	Date(s) Valid _____
Fee \$15	_____
Paid _____	_____